

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
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48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND		DEP			
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53	/					
54		/				
55		/				
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99						
100						
TOTAL IND.						
TOTAL DEP.	2					
TOTAL CLAIMS	37					